

# Application for Renewal of North Carolina Sleep Products Manufacturer's License

## Sleep Products Section

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES, STRUCTURAL PEST CONTROL & PESTICIDES DIVISION

Manufacturer's Name:			Registration Number:		
Manufacturer's Mailing Address:					Country:
Manufacturer's Plant Location Address:			Country:		County (if in NC only):
Contact Person (Name & Title)	Telephone:	FAX:	Email Address:		
Requested Mailing Address if different from above:	City:	State:	Zip Code:	Country	

**INSTRUCTIONS: Answer the following questions about your business volume in North Carolina for the 2011 Calendar year to calculate your Sleep Products Manufacturer's License fee.**

- For products manufactured in North Carolina but not sold in North Carolina answer questions 1-12
- For products manufactured and sold in North Carolina answer questions 13-24
- For products manufactured outside of North Carolina but sold in North Carolina, answer questions 25-35

<b>MANUFACTURED IN BUT NOT SOLD IN NORTH CAROLINA</b>		
<b>Start here only if this plant is located in North Carolina, otherwise skip to box 25.</b>		
1	Enter the number of pillows and decorative pillows	1
2	Enter the number of comforters.	2
3	Add boxes 1 and 2. Put total here.	3
4	Divide the total in box 3 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	4
5	Enter the number of mattresses and upholstered springs.	5
6	Enter the number of sleep bags.	6
7	Enter the number of sleeping pads.	7
8	Enter the number of cushions.	8
9	Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds.	9
10	Add boxes 4 through 9. Put the total here.	10
11	The fee for each items in box 10 is 5.2 cents. Mutiply total in box 10 by .052 and put result here.	11
12	If the amount is box 11 is greater than \$750.00, put \$750.00 in box 12. If the amount in box 11 is less than or equal to \$750.00, put the actual amount in Box 12.	12
<b>MANUFACTURED IN AND SOLD IN NORTH CAROLINA IN 2011</b>		
13	Enter the number of pillows and decorative pillows.	13
14	Enter the number of comforters.	14
15	Add boxes 13 and 14. Put the total here.	15
16	Divide the number in box 15 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	16
17	Enter the number of mattresses and upholstered springs.	17
18	Enter the number of sleep bags.	18
19	Enter the number of sleep pads.	19
20	Enter the number of cushions.	20
21	Enter the number of other padded or stuffed items designed to be or commonly used for reclining or sleeping, including studio couches and sofa beds.	21
22	Add boxes 16 through 21. Put the total here.	22
23	The fee for each item in box 22 is 5.2 cents. Multiply the number in box 22 by .052 and put the results here.	23
24	<b>DO NOT COMPLETE BOXES 25 THROUGH 35. GO TO BOX 36.</b>	

Office Use only: S/L #:	Ck#:	Date:	Amount:	Deposit #:	Deposit Date:
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<b>START HERE IF PLANT IS LOCATED OUTSIDE OF NORTH CAROLINA</b>		
<b>SHIPPED INTO NORTH CAROLINA DURING 2011</b>		
25	Enter the number of pillows and decorative pillows.	25
26	Enter the number of comforters.	26
27	Add boxes 25 and 26. Put the results here.	27
28	Divide the number in box 27 by 5 (five). If this results in a fraction, round it off to the nearest highest number. Put the result here.	28
29	Enter the number of mattresses and upholstered springs.	29
30	Enter the number of sleeping bags.	30
31	Enter the number of sleep pads.	31
32	Enter the number of cushions.	32
33	Enter the number of other padded or stuffed items designed to be or commonly used for reclining or sleeping including studio couches and sofa beds.	33
34	Add boxes 28 through 33. Put the results here.	34
35	The fee for each item on box 34 is 5.2 cents. Multiply the number in box 34 by .052 and put the result here.	35
36	<b>Add box 12, box 23 and box 35. (These boxes are shaded gray.) Put total here.</b>	36
37	If the amount in box 36 is less than \$50.00, put \$50.00 in box 37. If the amount in box 36 is greater than or equal to \$50.00, put the actual amount in box 36 here. <b>This is the fee for 2012.</b>	37

**CONTINUE ONLY IF YOU WERE REGISTERED AS A NEW MANUFACTURER IN THE PREVIOUS YEAR OR HAVE AN ADJUSTMENT CREDIT**

38	Enter the initial fee paid <b>as a new manufacturer in the previous year.</b> (Go to Line 43 if not applicable)	38
39	The actual fee for the previous year will be the same as the amount in line 37. Deduct the amount in line 37 from line 38 to get your adjustment. If you over paid last year and a credit is due put the amount in line 39. If you underpaid and owe a balance put the amount in line 40.	39
40		40
41	<b>Complete this box if an adjustment credit is show in line 39. Subtract line 39 from line 37. Put the result here. Circle the amount if an adjustment credit is due otherwise this is the amount owed for the current year. An adjustment credit will remain in your account for the next renewal cycle unless instructed otherwise.</b>	41
42	<b>Complete this box if line 40 shows an adjustment balance due for the previous year, add line 40 to line 37. This is the fee due for the current year.</b>	42
43	Not a new manufacturer last year but have an adjustment credit, enter the amount here.	43
44	<b>Subtract box 43 from box 37. Put the results here. This is your adjusted fee for the current year. If the amount represents an adjustment credit, circle the amount and it will remain in your account for the next renewal cycle unless instructed otherwise.</b>	44

The amount in box 37 is the fee your 2012 North Carolina Sleep Products Manufacturer's License **UNLESS** you were registered as a new manufacturer in the previous year or have a credit. In that case, your adjustment will be either box 41, 42 or 44, depending on the adjustment for the initial payment. To prevent products from being removed from sale, the fee, this completed and signed application, sample law label, and current license (from the state that issued the manufacturer's registration number), **MUST** be in the Sleep Products Section by the last day of February 2012. Products will be subject to off-sale status effective March 1, 2012.

***This is to certify that I am the Chief Financial officer (as defined below) for the manufacturing facility and I have examined this application and determined that all information contained therein is correct.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Tax#: \_\_\_\_\_  
 Manufacturer's Chief Financial Officer  
 \_\_\_\_\_  
 CFO - Name Printed in English: \_\_\_\_\_  
 U.S. manufacturers enter the FID/EIN, others the tax # assigned by country of location.

**15A NCAC 18B .0201 DEFINITIONS** The following definition shall apply throughout these Rules unless otherwise specified:

(1) The "Chief Financial Officer" means the officer or employee with primary booking keeping responsibility for a business that manufacturers or sanitizes bedding in this state or manufacturers bedding to be sold in this state.

**MAKE CHECKS PAYABLE TO: Sleep Product Section, NCDACS**

Mail: Renewal Application complete with sales figures and signed by the factory's Chief Financial Officer, An actual Law Label, Copy of Current License from State that assigned the registration number and Fee

Mailing Address: Sleep Products Section  
 NCDACS, Structural Pest Control & Pesticides Division  
 1631 Mail Service Center  
 Raleigh, NC 27699-1631

On-Site Deliveries: Sleep Products Section  
 NCDACS, Structural Pest Control & Pesticides Division  
 3825 Barrett Drive, Room 208  
 Raleigh, NC 27609

**A \$25.00 SERVICE CHARGE WILL BE ADDED FOR ALL RETURNED CHECKS**

For more information, please contact: Sleep Products Section, Phone: 919-571-4814 <http://www.ncagr.gov/SPCAP/sleep>